

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUL 21 AM 11:05

DOCUMENT # 548339

1. Corporation Name
 NUTRITION WORLD, INC.



07-14-99 90019 010 150.00
 07-14-99 90019 009 8.75
 DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2501 SO. FEDERAL HWY. FT. PIERCE FL 34982
 Mailing Address: 2501 SO. FEDERAL HWY. FT. PIERCE FL 34982

3. Date Incorporated or Qualified: 10/04/1977

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

4. FEI Number: 59-1808665
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent
 COHEN, DAVID
 222 S.W. INWOOD AVE.
 PORT ST LUCIE FL 34984

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, DAVID	
STREET ADDRESS	222 S.W. INWOOD AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, DAVID S.	
STREET ADDRESS	222 S.W. INWOOD AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 07/16/99 563365090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

Nutrition World, Inc.
2501 S. Federal Highway
Fort Pierce, FL 34984
561-464-3598

July 16, 1999

Florida Division of Corporations
Mr. Sean Toner
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Toner,

In April of this year I discovered that I never received an Annual Report for Nutrition World, Inc. At that time I called the phone number for division of corporations to request a form. The form never came. On May 1st I again called the Division of Corporations and requested a form and again it never came. In June I got a hold of a representative from the Division of Corporations who mailed a form to my residence.

I received that one and immediately mailed it in to your office along with a note explaining the situation and a check for \$150.00. About 2 weeks after mailing the form and check by priority mail to your office it came back to me stating that I needed to check a box and add an additional \$8.75. I checked the box and enclosed a check for \$8.75 and mailed it right back. About a week later the form and my check for \$8.75 came back stating that I needed to inclose a check for \$150.00. In order to expedite things, I mailed an additional check for \$150.00 along with the attached check for \$8.75 mailed a couple of weeks before and a note explaining that I had already mailed the original \$150.00.

I called your office today to be sure everything was ok and was told by the woman taking my call that they had issued a bill for the \$400.00 late fee. I have not gotten that notice yet, however I don't feel that it would be fair for us to be fined, as I have been doing all I can do since April to remedy this problem.

I need your help getting this darn annual report files. The woman I spoke with suggest that I mail the second notice along with this note to you, as you would be able to take care of the matter.

Thank you

David S. Cohen
President
Nutrition World, Inc.